

# FAMILY STATUS CHANGES

## FAMILY TO INDIVIDUAL HEALTH COVERAGE

- 1) The employee must complete and sign the following:
    - ◆ GIC Insurance Enrollment and Change Form (Form-1).
    - ◆ Beneficiary Designation Form 319 (one to three beneficiaries) or Nomination of Beneficiary Form G-500 (four or more beneficiaries or special designations such as estate and trusts) – if requesting a change.
    - ◆ Dental and Vision Enrollment and Change Form (Form-1)
  - 2) The employee must provide proof of where the spouse and/or dependents will be covered for health insurance before the changes will be allowed. Acceptable proof of other coverage includes a copy of another health insurance card or a letter from the spouse's employer. Without this proof the GIC can deny the request for coverage change. In the case of death, a copy of the death certificate is required.
  - 3) Verify that the forms above are completed accurately and completely. Ensure that both you and the employee have signed and dated all forms.
  - 3) **Enter the change in the GIC MAGIC System.**
  - 4) Photocopy completed GIC forms and proof of other coverage and file them in the employee's personnel file.
  - 5) Send **original** signed forms to the GIC along with the proof of other coverage.
- three beneficiaries or nomination of Beneficiary Form G-500 (four or more beneficiaries or special designations such as estate and trusts – if requesting a change.
- ◆ Insurance Data Form (IDF)
    - For spousal coverage – copy of marriage certificate.
    - For former spouse – provide following sections of divorce decree: page with absolute date, signature page, health insurance language, and former spouse's address.
    - For dependent coverage under age 19 – copy of birth certificate(s) – the GIC must be able to link dependent to insured or spouse.
    - For student coverage age 19 or over – Student Verification Form (Indemnity, Navigator, POS or HMO version) and a copy of birth certificate.
  - ◆ HMO or POS Application - if one of these plans selected.
  - ◆ Dental and Vision Enrollment and Change Form (Form-1) — See Dental/Vision section for eligibility. If family coverage is not elected for health insurance, but the employee wishes to have family dental/vision coverage, he/she must also submit a copy of a marriage certificate to cover a spouse and birth certificates to cover dependent children and a student verification form to cover a student dependent.

## INDIVIDUAL TO FAMILY HEALTH COVERAGE

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  - ◆ GIC Insurance Enrollment and Change Form (Form-1).
  - ◆ Beneficiary Designation Form 319 ( one to
- 2) Verify that the forms above are completed accurately and completely. Ensure that both you and the employee have signed and dated all forms.

- 3) **Enter the change in the GIC MAGIC System.**
- 4) Photocopy completed GIC forms and file them in the employee's personnel file.
- 5) Send **original** signed forms to the GIC; if enrolled in the POS or an HMO send the POS/HMO application directly to the Plan.

#### MOVING OUT OF HMO/PLUS/PPO'S SERVICE AREA OR OUT OF STATE

- 1) Obtain from employee proof of address change, such as utility bill or Purchase and Sale Agreement.
- 2) Have employee complete Insurance Enrollment and Change Form (Form-1) indicating their choice of new health plan.
- 3) Change employee's address on HR/CMS or UMass payroll system.
- 4) Photocopy forms and proof of address change and file them in employee's personnel file.
- 5) Send proof of address change and **original** signed Insurance Enrollment and Change Form (Form-1) to the GIC.
- 6) The GIC will determine the coverage effective date and will notify the former and new health plan.
- 7) The new health Plan will send the employee ID cards and handbooks.

#### NAME AND ADDRESS CHANGES

The GIC is notified of all name and address changes through its interfaces with HR/CMS and the UMASS payroll system. You must enter the name and/or address change into the HR/CMS or UMASS payroll system. The interface will update the GIC's MAGIC system.

#### AGE BAND CHANGE

Age band changes affecting Optional Life and LTD coverage are automatically updated through the interface between the GIC MAGIC System and HR/CMS or UMASS. GIC Coordinators do not need to complete any forms or enter any transactions into the MAGIC system.

#### WITHDRAW COVERAGE

For insureds who want to cancel their GIC life and/or health insurance coverage:

- 1) Employee completes and signs GIC Insurance Enrollment and Change Form (Form-1) with cancel coverage box(es) checked.
- 2) If employee is withdrawing from health insurance and he/she has family coverage, the employee must provide proof of where spouse and/or dependents will be covered once GIC coverage is cancelled. Acceptable proof examples: a copy of the health insurance card or a letter from the spouse's employer. Without this proof, the GIC can deny the request to withdraw from coverage. In the case of death, a copy of the death certificate is required.
- 3) Review and sign Insurance Enrollment and Change Form (Form-1).
- 4) **Enter change in MAGIC system.**
- 5) Photocopy Insurance Enrollment and Change Form (Form-1) and proof of other coverage (if applicable) and file in employee's personnel file.
- 6) Send **original** Insurance Enrollment and Change Form (Form-1) and proof of other coverage (if applicable) to the GIC.

#### DIVORCE

In accordance with Massachusetts General Law M.G.L.-Chapter 32A Section 11a, the GIC must be informed of all divorces. Failure to notify the GIC may result in financial consequences to the employee and/or former spouse.

- 1) Collect from the employee the former spouse's address and copies of the following sections of the divorce decree:
  - ◆ Page with absolute date.
  - ◆ Health insurance language
  - ◆ Signature pages
- 2) Forward these documents to the Director of Operations at the GIC.

## REMARRIAGE

*If an employee or former spouse remarries, the GIC must be notified. Inform the employee that, in accordance with Massachusetts General Law M.G.L.-Chapter 32A Section 11a, failure to report a divorce or remarriage may result in financial consequences to the employee or former spouse.*

Depending on the health insurance language in the divorce decree, the GIC will offer the former spouse COBRA coverage or a divorced spouse rider. The GIC will contact both the employee and former spouse directly.

### FOR REMARRIAGE OF AN EMPLOYEE

- 1) Collect from the employee:
  - ◆ Completed, signed Insurance Enrollment and Change Form (Form-1)
  - ◆ Copy of new marriage certificate
  - ◆ Insurance Data Form (IDF)
- 2) Forward these documents to the Director of Operations at the GIC

### FOR REMARRIAGE OF A FORMER SPOUSE,

Instruct the employee to send the remarriage date in writing to the Director of Operations at the GIC.

### HANDICAPPED DEPENDENT COVERAGE

*An unmarried child of an insured who, upon attaining age 19 is mentally or physically disabled and incapable of earning his/her own living may be eligible for continued GIC coverage. The disability must have taken place prior to age 19. Family Coverage is required.*

- 1) Employee calls the GIC to request a Handicapped Dependent application.
- 2) Employee and Dependent's physician must complete the application and send it to the GIC.
- 3) The GIC will review the application for eligibility and will notify the insured of its decision.

- 4) The GIC sends periodic re-certification forms for continuation of handicapped dependent coverage to the employee.

### DEPENDENT STUDENT COVERAGE

*Unmarried dependent coverage ends at the end of the month in which the dependent turns age 19. If a dependent is a full-time student, the employee must apply for student coverage and, if approved, must re-certify student eligibility twice a year. Student coverage ends at the end of the month in which the student ceases to be a full-time student. Family Coverage is required.*

To apply for student coverage, instruct the employee to complete the Statement of Verification for Student Coverage Form for the health plan in which the employee has coverage. Mailing instructions are on the form.

### PRE-TAX PREMIUM DEDUCTIONS

If an employee has one of the following qualifying events, he/she may opt out of pre-tax basic life and health insurance premium deductions:

- marriage or divorce
- birth or adoption of a child
- spouse or dependent dies
- spouse commences, or is terminated from, employment
- employee or spouse takes an unpaid leave of absence
- employee involuntarily loses health insurance through no fault of his/her own

To process these changes:

- 1) The employee completes and signs the Pre-Tax Basic Life and Health Insurance Plan Election Not to Participate Form.
- 2) The form is forwarded to the agency's payroll department. The payroll person updates the payroll system to reflect the employee's pre-tax change election.
- 3) File the **original** form in the employee's personnel file. **You do not need to send the GIC anything.**

# EMPLOYMENT CHANGES

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## HOURS REDUCED TO LESS THAN PART-TIME

If an employee falls below 18<sup>3</sup>/<sub>4</sub> hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek, the employee is no longer eligible for GIC benefits. The HR/CMS or UMASS payroll system will automatically terminate all GIC coverage. Coverage will end at the end of the following month. The employee may elect to continue coverage, depending on length of service, according to the guidelines and procedures listed in the TERMINATING STATE SERVICE section of this manual.

## HOURS REINSTATED TO PART-TIME OR MORE

If an employee resumes at least part-time status (18<sup>3</sup>/<sub>4</sub> hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek) after his/her GIC coverage has been terminated, the employee is considered a new hire. He/She is subject to the coverage waiting period outlined at the beginning of this manual. Follow the NEW HIRE procedures section. (If an employee resumes at least part-time status before the coverage termination date, coverage will continue uninterrupted.)

## SALARY CHANGE

- Salary changes will affect LTD and/or automatic increases for optional life coverage. The interface between the GIC MAGIC System and HR/CMS or UMASS payroll system will automatically update this change. GIC Coordinators do not need to complete any forms or enter any transactions into the MAGIC system.
- If an employee has a salary reduction, optional life is not affected unless the employee requests a reduction by completing the following:
  - 1) Employee complete and signs GIC Insurance Enrollment and Change Form (Form-1).
  - 2) Review and sign the form.
  - 3) Enter the change in the MAGIC system.
  - 4) Photocopy and file the form in the employees personnel file.
  - 5) Send the **original** Insurance Enrollment and Change Form (Form -1) to the GIC.

## OPTIONAL LIFE INSURANCE REDUCTION

If an employee requests a reduction in optional life insurance:

- 1) Employee completes and signs GIC Insurance Enrollment and Change Form (Form-1).
- 2) Review and sign Insurance Enrollment and Change Form (Form-1).
- 3) Enter change in MAGIC System.
- 4) Photocopy Insurance Enrollment and Change Form (Form-1) and file in the employee's personnel file.
- 5) Send **original** Insurance Enrollment and Change Form (Form-1) to the GIC.

## AGENCY TRANSFER

When an employee transfers from one state agency to another:

- 1) Complete GIC Insurance Enrollment and Change Form (Form-1) on behalf of the employee:
  - If employee is transferring to another agency check box 7 and indicate the name of the agency the employee is transferring to and the effective date.
  - If employee is transferring from another state agency check box 8 and indicate the name of the agency the employee is transferring from and the date.
- 2) Enter the appropriate action/reason on the employee's job record on the HR/CMS or UMASS payroll system.
- 3) Photocopy completed GIC Insurance Enrollment and Change Form (Form-1) and file in the employee's personnel file.
- 4) Send **original** Insurance Enrollment and Change Form (Form-1) to the GIC.

## POSITION CHANGE-GIC DENTAL/VISION

Personnel changes affect GIC Dental/Vision eligibility, effective dates, and terminations.

If a management employee changes to a bargaining unit position, or if a confidential employee changes to a non-confidential position, complete the following:

- 1) Complete GIC Dental and Vision Enrollment and Change Form (Form-1), on behalf of the employee, completing the termination section. List management to bargaining position as the termination reason and indicate the termination effective date.
- 2) Photocopy and file in employee's personnel file.
- 3) Send **original** GIC Dental and Vision Enrollment and Change Form (Form-1) to the GIC.